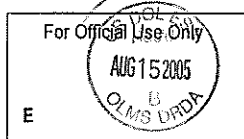


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9098</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>FREDERICK</u> <u>H</u> <u>THIELE</u> P.O. Box, Bldg., Room No., If any Street <u>6 DALEWOOD LANE</u> City <u>KINGS PARK</u> State <u>New York</u> ZIP Code + 4 <u>11754</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS LOCAL UNION No. 1</u> Labor Organization File Number <u>010-417</u> P.O. Box, Building and Room Number, If any Street <u>158-29 GEORGE MEANY BLVD</u> City <u>HOWARD BEACH</u> State <u>New York</u> ZIP Code + 4 <u>11414</u>
5. Position in labor organization. <u>PART TIME OFFICER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., If any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Frederick H. Thiele</u>	On <u>8/10/05</u> Date	<u>(631) 724 4992</u> Telephone Number

Name of Person Filing FREDERICK THIELE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL UNION 1 TRADE EDUCATION FUND</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 158-29 GEORGE MEANY BLVD</p> <p>City HOWARD BEACH</p> <p>State New York ZIP Code + 4 11414</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name PLUMBERS LOCAL UNION 1 TRADE EDUCATION FUND</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 158-29 GEORGE MEANY BLVD</p> <p>City HOWARD BEACH</p> <p>State New York ZIP Code + 4 11414</p>	<p>11.a. Nature of such dealing.</p> <p>01/06/04 MEAL EXPENDITURE - RESTATED TRUST AGREEMENT</p> <p>11.b. Approximate dollar value of such dealing. \$59</p> <p>12.a. Nature of interest held or income received.</p> <p><input style="height: 100px;" type="text"/></p> <p>12.b. Amount. <input style="width: 100%;" type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input style="height: 100px;" type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 100%;" type="text"/></p>

Part B Continuation Page

8.

Name PLUMBERS LOCAL UNION 1 TRADE EDUCATION FUND
 Street 158-29 GEORGE MEANY BLVD
 City HOWARD BEACH
 State NEW YORK ZIP Code 11414

9. Business deals with:

- ☐ a. Labor
☒ b. Trust
☐ c. Employer

10.

Name PLUMBERS LOCAL UNION 1 TRADE EDUCATION FUND
 Street 158-29 GEORGE MEANY BLVD
 City HOWARD BEACH
 State NEW YORK ZIP Code 11414

11a. Nature of such dealing

01/13/2004 AUTOMOBILE LEASE EXPENDITURE - RESTATED TRUST AGREEMENT

11b. Approximate dollar amount of such dealing 393

11a. Nature of such dealing

02/23/2004 AUTOMOBILE LEASE EXPENDITURE - RESTATED TRUST AGREEMENT

11b. Approximate dollar amount of such dealing 393

11a. Nature of such dealing

03/15/2004 AUTOMOBILE LEASE EXPENDITURE - RESTATED TRUST AGREEMENT

11b. Approximate dollar amount of such dealing 118

11a. Nature of such dealing

01/14/2004 AUTOMOBILE EXPENDITURE - RESTATED TRUST AGREEMENT

11b. Approximate dollar amount of such dealing 220

11a. Nature of such dealing

EDUCATIONAL CONFERENCE HOTEL/MEAL EXP. - RESTATED TRUST AGREEMENT
 BENEFIT SHARED BETWEEN TWO EMPLOYEES (324.50 x 2 = 649.00)

11b. Approximate dollar amount of such dealing 649